

# THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

L. P. YANDELL, M.D., and H. A. COTTELL, M.D.

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Physician for Diseases of Children to the Central Dispensary and Assistant to Christ Hospital, Jersey City, N. J.

FEBRUARY.

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THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, MARCH 15, 1884.

Original.

REFRACTIVE AND ACCOMMODATIVE  
TROUBLES REQUIRING GLASSES.

BY R. MAUPIN FERGUSON, M. D.

*Surgeon to Eye, Ear, and Throat Department of  
Louisville City Hospital.*

Every eye which is not diseased and of proper shape is able to see accurately at an infinite distance and at all intermediate distances up to a few inches of the eye until the insidious changes of age, which begin to be felt at about the forty-fifth year, produce their deleterious effects. Such an eye has been taken as the typical eye, and is said to be emmetropic, and is of such a shape that parallel rays of light are accurately focussed on the retina when the eye is in a state of rest. Rays of light proceeding from an object twenty feet distant, or at any greater distance, are practically parallel, and hence can be seen without any muscular action. On the contrary, objects nearer than twenty feet emit diverging rays of light, and the focus, if the eye be in a state of rest, would fall behind the retina. In order to bring these rays to a focus the eye must accommodate to this distance, which is done by the action of the ciliary muscle on the crystalline lens causing an increased convexity of the lens and thus bringing the rays to a focus on the retina. The range of vision is here so great that all objects which are not too near (within a few inches of) the eye may be seen with distinctness. Such an eye may view the trees, the hills, the mountains, the clouds, the planets, and even the fixed stars millions of miles away, with a facility equal to that by which it deciphers the printed page, and in each case the vision is accurate. It is only when the object is brought to within a few inches of the eye (varying from about 4" to 12" or 18") that absolutely accurate vision is not obtained.

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Such an eye is sufficient for the easy and perfect fulfillment of all the ordinary purposes of life. It retains its pristine vigor until about the forty-fifth year of age, and then it begins to fail. Up to this age the eye is perfect in the performance of its functions and no glasses are needed. At about this age glasses are needed for close work, as in reading. Provided that the eye remain healthy, even in quite old age glasses are capable of rendering reading possible and easy.

From the normal, typical, or emmetropic eye two variations occur: in one the eye is too short and in the other it is too long.

If the eye be too short it is said to be farsighted, and is called a hypermetropic eye. Parallel rays of light come to a focus behind the retina and as a result the ciliary muscle is called on to work even in looking at an infinite distance. Such an eye has nearly the same range of vision as the emmetropic eye, only it can not see an object at quite so short a range. There is this difference, however, in the two eyes:

In the emmetropic eye no accommodation (muscular action) is necessary except when the object is nearer than twenty feet, whereas in the hypermetropic eye *every act of vision* requires accommodative muscular action, and as the object approaches the eye the power exerted must be greater and greater. While the emmetropic eye can work for hours without fatigue, the hypermetropic eye soon becomes fatigued, so that work must be given up. During youth, however, the hypermetropic eye is often capable of performing its work very satisfactorily, but it succumbs earlier than usual to the influence of age. Such an eye often needs glasses at the fortieth, thirtieth, and twentieth year, and even earlier in high degrees.

This failure from an over-worked muscle generally manifests itself at first when reading or doing other fine work close to

the eyes at night with a bad light. When work is first begun all runs smoothly, but in a short time vision becomes troubled, the printing indistinct and blurred, letters run into one another, a feeling of fatigue, or dullness or drowsiness comes on, and the book or work must be given up. Many persons also suffer from headache or neuralgias dependent solely on the eyes, and most frequently upon this hypermetropic eye, who could obtain not only complete relief from the headaches, etc., but also obtain vastly improved vision by wearing suitable glasses.

These unpleasant sensations are often so annoying that reading, knitting, sewing, etc., must be completely given up. A vast number of clerks, printers, seamstresses and the like, who busy themselves with fine objects are greatly annoyed by this condition and often even lose or give up their positions. These are generally convinced that the close work, the peculiar light, or some other such cause is responsible for the trouble and that their eyes are greatly injured thereby. When they get suitable glasses they are much surprised to find that these supposed injurious causes are powerless.

With regard to the hypermetropic eye, the so-called far-sighted eye, it is generally and wrongly believed to be an eye which can see at a greater distance than is usual. Such, however, isn't the case, for even the emmetropic eye can see at an *infinite* distance, and that without any effort, whereas the hypermetropic eye must use muscular action to see at any distance with distinctness.

The near-sighted or myopic eye is a long eye—just the opposite of the far-sighted eye. Such an eye really can see small objects distinctly closer than the ordinary or emmetropic eye. It is, however, particularly distinguished by the *inability to see distinctly at a distance*. This eye sees distinctly only when the objects are close to it, all other objects are blurred. Thus a near-sighted person never sees the various objects of nature with any distinctness, is incapable of recognizing friends, or of reading signs across the street, and is forced to guess at the true shapes of objects. The near-sighted eye is generally a diseased eye, or rather a delicate eye, one which should be treated with great consideration.

In high degrees of near-sightedness there are almost invariably changes in the interior of the eye which may and frequently do advance to such an extent as to greatly damage the sight and not infrequently pro-

duce complete blindness. For such eyes nothing is more injurious than close attention to small objects held very near the eye, as this causes straining and stooping which have a tendency to produce congestion and softening of the posterior part of the eye, and this increases the length of the eye which increases the near-sightedness. Thus the shape of the eye causes habits and conditions which in their turn increase the original trouble.

Suitable glasses clear up the fog or mistiness which hangs over all objects at more than a few inches from the face, and open up a world of beauty which before was lost to a great extent to the near-sighted eye, and in addition remove the near point to such a distance that the stooping posture is unnecessary. The most extreme care is requisite however in the choice of glasses for the near-sighted. The oculist alone is capable of determining the proper glass, and the patient should never attempt to select his own glasses, as a mistake is very easy to make, and great and permanent injury may be the result. As a rule the two eyes are alike, that is, they are either both near-sighted, or far-sighted, or emmetropic. Exceptionally, however, one eye differs considerably from the other; and in some cases while one eye is near-sighted the other may even be far-sighted.

Another malformation of the eye causes astigmatism. In this disorder the vision is very imperfect and the ordinary glasses are of no service whatever. In astigmatism it is sometimes observed that horizontal or perpendicular lines are seen with greater accuracy than others at right angles to them. This may be particularly evident on looking at the face of the clock, when it may be observed that the xii and vi may be very plain but the iii and ix, perpendicular to them, are very indistinct. Astigmatism may be and generally is associated with either near-sightedness or far-sightedness, thus complicating the affection considerably. For this condition glasses must be ground to order and then given a certain position in their frames. In no class of patients do we hear such strong expressions of delight as in those who have their astigmatism corrected by suitable glasses. Such patients have as a rule tried various pairs of spectacles (convex and concave), belonging to relatives and friends, and, finding no improvement whatever, are often led to the opinion that they have amblyopia, that sight is failing, and are at times greatly distressed. It



is no surprise that they are delighted when, along with their glasses, they receive the positive assurance that *with their glasses* their eyes are as good and as strong as those of other people.

As a result of changes occurring in old age, all eyes gradually lose their power of accommodation. The effect of this loss varies with the character of the eye. As we have already seen, it renders glasses necessary for reading even in the emmetropic eye at about the forty-fifth year of age, and far-sighted eyes need them much earlier. In near-sighted eyes, however, glasses for reading may frequently be dispensed with for a number of years later.

As the time approaches when glasses are necessary on account of age, it will be found that printing is held much farther from the eye than is usual, even at arm's length, that a bright light is sought and placed so that the light shines in the eye as well as on the printed page. Reading at night becomes difficult. These are the symptoms of the increasing age. It is useless from vanity to worry on without glasses, for in a short time they will be absolutely necessary. Such eyes can still see at a distance of twenty feet or more just as well as ever, and it is only in extreme old age that vision for the distance also needs the assistance of glasses.

These are the more common conditions requiring glasses. Besides these, however, glasses are of service in a great number of other cases, but of these I do not propose to speak at present.

There is a widespread belief that glasses are worn by a great number of persons merely through affectation, and it is a common remark that the number of people who use glasses has greatly increased in the last few years. This is true; but not so much from any increase in the number of persons with diseased eyes as from the number of persons who are being relieved by more competent oculists. A few years ago this work was left entirely to opticians, who as rule merely kept a stock of glasses and allowed the patients to make their choice.

It is a fact that an eye may see perfectly through various glasses at a certain distance and still have absolutely no need whatever of glasses, or may need glasses of quite a different strength. It should never be forgotten that glasses like drugs, though the instruments of relief, in the hands of those ignorant of their effects and the condition to be relieved, are very capable of acting

most deleteriously. Before glasses are ordered the condition of the optic nerve, retina, choroid, etc., should be invariably examined, and above all when perfect acuity of vision can not be obtained. Those who are incapable of making such an examination with the ophthalmoscope are unable to know the exact condition of the organ, and should never attempt to treat it, as important lesions in the deep-seated structures of the eye may be overlooked and glasses ordered, and the use of the eye permitted, when absolute rest or other treatment is in reality needed.

LOUISVILLE, KY.

### Miscellany.

INFLUENCE OF FLOODS UPON HEALTH.—The following timely comments and suggestions have been put in circulation by our State Board of Health:

OFFICE OF THE STATE BOARD OF HEALTH, }  
BOWLING GREEN, KY., Feb. 28, 1884. }

*To the Boards of Health and People of Kentucky:*

Now that the waters of the great flood are receding, and the people who have been forced from their homes are making preparations to return to them, it seems proper for this Board to call the attention of the health authorities and people to the dangers to health which are likely to follow in the wake of the flood, unless the proper precautions are taken to avert them. So far as we have been able to avail ourselves of it, the experience of those physicians who have had the best opportunities for observing the influence of floods upon the public health seems to show that the chief dangers are not of the unavoidable kind, but are those incident to exposure during the continuance of the flood, and to too early return to the houses after the water has gone down. One would naturally expect, if the houses are occupied while the walls, floors, and cellars are still water-soaked or damp, that lung affections, rheumatism, and such like diseases would be very frequent, and in the past, so far as we have been able to gather, such expectations seem to have been realized.

On the other hand, the strictly malarial diseases appear to be less frequent in river counties after great floods than in ordinary seasons, probably because the large mass of decaying vegetable matter, which is an essential factor in the production of malaria, is swept away by the waters. Fortunately, then, most of the evils which follow floods may be hopefully combated. By draining and cleaning the cellars and yards and thoroughly drying the houses by means of continued heating and ventilation, most of the dangers to health can be removed, and we call on the local, State, and national authorities, and public who have so generously responded to calls for aid in the past few weeks to hold their liberality a little longer, and supply the poor of the submerged districts with

an abundance of fuel and other means necessary to carry out these plain and important suggestions.

This much as to the present flood and the immediate steps to be taken, and now a few words as to the future. In this, as in most other departments, sanitary work is in its infancy in this country, and we regret very much that the information on this subject in possession of the health authorities and the medical profession is not more definite. Little has been written on the subject, and that little is so scattered through the transactions of medical societies and journals that it is of little practical use. It is the purpose of this Board to make a systematic effort to collect all the facts in regard to the floods of the present and past year, in so far as they relate to the health of the people of the State, so that in future we may be able to calm useless fears in regard to apparent dangers, and intelligently combat the real ones. Circulars will be sent to every county and city health board whose jurisdiction extends into any of the submerged districts to this end, and we earnestly request all physicians practicing their profession in such districts, and all other intelligent people, to co-operate with their respective boards of health and with us in collecting such information.

PINCKNEY THOMPSON, M. D., *President*.  
J. N. McCORMACK, M. D., *Secretary*.

#### ELECTRICITY IN THE SLAUGHTER-HOUSE.

Mr. George L. Fox, of London, has devised an apparatus for slaughtering animals by electricity. We find the following description of it in an exchange:

The animal to be killed has first the top of its head and its feet and its legs wetted with salt water; it is then led into a stall and made to stand upon an iron plate connected with the negative pole of a condenser of a capacity of about one hundred microfarads. The operator then touches the animal's head with the positive pole, and it falls dead. The death is believed to be painless, because physiologists have demonstrated that a nervous vibration can not be communicated to the brain in less than the tenth of a second, and another tenth of a second must elapse before a sensation can result from the vibration thus communicated. One fifth of a second must, therefore, necessarily intervene between the actual infliction of an injury and the experience of pain from it. But the flash from such an apparatus as has been described presumably paralyzes every fragment of a nerve in man or beast in something like a hundred thousandth part of a second. It is said that for about two thousand five hundred dollars, such an electrical apparatus as is here alluded to may be fitted up in any stable or outhouse, and that it will kill as rapidly as animals can be placed in position and taken away again.—*Popular Science News*.

**CARBONIC ACID AND THE DEVIL.**—When Friedrich Hoffman discovered carbonic-acid gas, and traced its effects on animal life, he was denounced by more than one German university as hostile to religion and verging toward atheism. Three or four students at the University of Jena, says the *Popular Science News*, in the attempt to raise a spirit for the discovery of a supposed hidden treasure, were strangled or poisoned by the fumes of the charcoal they had been burning in a close garden-house of a vineyard near Jena, while employed in their magic fumigations and charms. Only one was restored to life, and, from his account of the noises and specters in his ears and eyes as he was losing his senses, it was taken for granted that the bad spirit had destroyed them. Hoffman admitted that it was a very bad spirit that had tempted them, the spirit of avarice and folly; and that a very noxious spirit—gas, or *geist*—was the immediate cause of their death. But he contended that this latter spirit was the spirit of charcoal, which would have produced the same effect had the young men been chanting psalms instead of incantations, and acquitted the devil of all direct concern in the business. The theological faculty took alarm; even physicians pretended to be horror-stricken at such audacity.

#### CONCENTRATED HOMEOPATHIC VIRUS.

A prominent homeopathic journal published east of the Rocky Mountains, which has an editorial staff of nearly twenty members, contains an article on what it is pleased to call "Allopathic Medicine," the venom of which is concentrated rather than diluted. Here are the opening sentences: "The allopathic school of medicine is the most heroic, confused and unreliable of all the schools. Its instruments are of every degree of savagery, its drugs dangerous, its doses enormous, its results deadly. It hates every other system of practice. Vain, heartless, and prejudiced, it would rather kill patients *secundum artem* than save one life by practical common sense!" And again: "The beauty of girlhood, the flower of womanhood, and the glory of manhood, under the influence of the fatal allopathic dose have passed from light into darkness. How many would to-day be living to cheer beloved friends, had not the poisoned-armed allopath darkened the doorway!"

Such malignant utterances call to mind what is written somewhere of the prince of darkness, that he came down in great wrath

knowing that he had but a short time to live.—*Pacific Med. and Surg. Journal.*

**POLYSYLLABIC PEDANTRY.**—Scientific technicalities have their use and their place, but become ridiculous when used out of place, or where plain English will answer the purpose as well. (The Popular Science News.) Dr. J. J. Reeves, in a late address before the Medico-Legal Society of Philadelphia, remarks: "Many of you have doubtless read of the laughable scene described by the late Professor Taylor as occurring in one of the English courts at a trial for assault and battery, where the medical witness, in giving his evidence in the case, informed the court that, in examining the prosecutor, he found him suffering from a severe contusion of the integuments under the left orbit, with great extravasation of blood, and ecchymosis in the surrounding cellular tissue, which was in a tumefied state. There was also considerable abrasion of the cuticle. This magniloquent description for a time bewildered the court, until it was resolved by the judge himself into the simple words, *a black eye*. Surely, no man of sense need be told that all such affectation and pedantry are in the worst possible taste, and are calculated to bring the witness into deserved contempt.

**PERILS OF HEALTH RESORTS.**—The Medical Times and Gazette says: It is announced that Dr. Theodore Williams is laid up in the Riviera with typhoid fever, and that Mr. J. S. Balfour, Mayor of Corydon, and M.P. for Tamworth, had been struck down by Roman fever since his return from a tour in Italy. Last summer one of England's most eminent men of science, Mr. Spottiswoode, succumbed to fever which he contracted in Rome; and, among persons less prominently in public view, cases of serious illness followed upon visits to the Continent in search of health or pleasure. Some so-called health resorts are, it is to be feared, little better than ambuscades of disease, where invalids may incur maladies more formidable than those from which they seek relief, and where those who accompany them run risks of being themselves invalidated.

MR. CHRISTOPHER HEATH has undertaken to edit for Messrs. Smith and Elder a "Dictionary of Practical Surgery," on the lines of Quain's Dictionary of Medicine, which has scored such a satisfactory success.

The new dictionary is to be a compendium of the practice of surgery of the present day, readily available for reference by the busy practitioner, and it is hoped that it will be published within two years from now. The articles will be signed and will be expressed as concisely as possible, historical details being omitted, the question of pathology only discussed when absolutely necessary. The profession will look forward with great interest to the publication of this work, which is much wanted, and which will no doubt fully come up to the expectations which all who know its editor will have formed of it.—*Medical Times and Gazette.*

**CHOREA IN PUPS.**—An epidemic of canine chorea is reported from Liverpool, by Mr. W. J. Welsby, in the pages of a contemporary. The first pup affected was one of a litter of eight, and the chorea came on just after the distemper. The puppies were then separated, three being left with the one affected with chorea. Two days later, these three all had chorea; two of them were then removed, and kept separate, and these recovered, the others, that is, the one first affected and the one left with it, died; no lesions were discovered in the brain or spinal cord, but we are not told that these were examined under the microscope. It is noteworthy that in the case described by Dr. Gowers and Dr. Sankey, in the Medico-Chirurgical Transactions for 1877, the affection followed the distemper. *Medical Times and Gazette.*

**THE FOOT AND MOUTH DISEASE** is reported to be widely prevalent in England. A cargo of cattle from that country recently landed in Portland, Maine, is reported to have spread the disease in this city and neighborhood. Our consuls in Great Britain have been instructed to satisfy themselves of the healthy condition of all cattle to be shipped before certifying invoices. But while the New Englanders are trying to protect themselves against the importation of the disease from old England, the Government of the latter, it is said, have prohibited the importation of cattle from Portland, it being claimed that the disease has broken out among a lot of cattle recently brought into England from this port.

**VEAL BEWITCHED.**—(Culinary item from the Popular Science News.) Chop very



fine three pounds of veal taken from the leg, a quarter of a pound of pork, one cup of bread crumbs, three teaspoonfuls of salt, one of black pepper, a scant half teaspoonful of cayenne, and a pinch of cloves; work in thoroughly two raw eggs, and, putting in a mold or kettle, shut tightly, and steam two hours. Remove, and put in the oven for a short time to dry; the oven doors must be left open. When cold, turn out, cut in thin slices, and serve. A good meat-jelly improves it; but in either case it makes a very nice dish for lunch or tea, and tastes like boned turkey.

**SEX AND AGE PROPORTION OF THE INSANE.**—In commenting upon the recent census returns for England and Wales, the *Lancet* says: Referring to the insane of all classes, of the 84,503 enumerated at the last census, 39,789 were males, and 44,714 females. These numbers were in the proportion of 3,148 males and 3,353 females per million living of each sex. While, however, of equal numbers living of each sex, and at all ages, the proportion of insane is greater among females than among males, the report points out that this does not necessarily imply that females are more liable to insanity than males. Bearing in mind the marked excess of mortality among the male insane, compared with that which prevails among the female insane, it is easy to believe "that mental disease attacks a larger proportion of males than of females," although the proportion of the insane living at each census enumeration is greater among females than among males. This hypothesis is supported by a useful table showing the proportion of the insane, the lunatic, and the idiot or imbecile, per million of males and females respectively, at seven successive age periods. This table shows that up to forty-five years of age the proportion of the insane of all classes is higher among males than among females, whereas after forty-five there is a steadily increasing excess in the proportion of female over that of male insanity. Based upon the mean discharge rate among the male and female lunatics dealt with in the reports of the Lunacy Commissioners for the ten years 1872-81, it is calculated by the Census Commissioners that in order to maintain the relative proportion of the male and female insane enumerated in 1881, the proportion of new cases of insanity occurring in an equal number of each sex would have to be 106.8 among males to each 100 females. These figures are suggested as "prob-

ably representing with approximate accuracy the comparative liability of the two sexes, irrespective of age differences, to mental unsoundness." It appears to be established, therefore, that in a certain sense, the excessive proportion of the insane in the female compared with that in the male population is due to what has been called "accumulation," and is mainly the result of the higher death-rate among the male insane. Further investigation will doubtless also prove that much of the recorded increase of insanity is also due to "accumulation" arising from the decreasing death-rate of the insane, caused by the constant increase of their proportion treated in asylums.

**ANOTHER MICRO-ORGANISM.**—It has frequently been conjectured that the disease known as beri-beri would be found to be of a parasitic nature. If we may place any reliance on the experiments of M. de Lacerda, this conjecture would appear to be now established as a fact. Examinations of drops of blood from individuals suffering from the affection revealed the presence of long cylindrical branched filaments, with genuine joints, and sometimes with refracting brilliant points, which are believed to be spores. These filaments have been cultivated in bouillons prepared after Pasteur's method with all the proper precautions. Rabbits have been inoculated from the artificial cultures and have succumbed with all the symptoms of beri-beri. The microscope has shown the organisms in the blood, urine, muscles, and spinal cord of the rabbits. M. de Lacerda believes that the parasite is originally obtained from rice which has undergone a peculiar alteration.—*Lancet*.

**EARLY RISING.**—Two friends of mine complained to me of the bad effects which sudden getting up at the moment of awakening has upon them. One, a young man, complains of giddiness and a slight feeling of faintness, often compelling him to lie down again. In the other case, that of a lady, there are similar symptoms of giddiness, but, in addition, there is a sensation of lassitude and weariness, often lasting the whole day. They are both in excellent health, have no signs of heart or lung disease, keep good hours, and live regular lives. In both cases resting in bed a few minutes after awakening prevents all these unpleasant symptoms. Is this possible because the general system, having been in a quiescent state for so long, is not immediately able to



adapt itself to the sudden requirements made upon it?—*F. H. V. Grosholz, in Lancet.*

#### GALVANIC REMEDIES ON A SMALL SCALE.

At an electrical exhibition there were displayed some small batteries for curing neuralgia in and around the mouth. (*Popular Science News.*) They consist of a silver tube about half an inch long and three eighths of an inch in diameter, in which are placed five sets of thin disks of zinc, paper, and copper, as in any ordinary voltaic pile. The ends of the tube are closed with silver disks, which are screwed in, pressing the plates closely together. The silver is perforated with numerous holes, allowing the liquid to enter on all sides. To use the little battery, it is dipped for a moment into salt water, and then placed between the gums and the cheek where the neuralgia is, one pole being against the gum, and the other against the cheek. It is easily renewed by taking it apart, washing it, and replacing the paper disks with new ones. Half an hour is said to be sufficient to cure the pain.

A correspondent of the *London Electrician* gives the following as an instant remedy for the toothache, and we have no doubt that it would be found efficient in some cases: With a small piece of zinc and a bit of silver (any silver coin will do), the zinc placed on one side of the afflicted gum and the silver on the other, by bringing the edges together the small current of electricity generated immediately and painlessly stops the toothache.

#### HEREDITARY WHITE PATCH OF HAIR.—

A female child, aged six, who was brought to the Northeastern Hospital for Children, with ringworm, was noticed to have a patch just above the middle of the forehead, where the skin was white; and the lock of hair growing from it was almost if not quite white. The mother had a precisely similar condition, and said that the lock had at one time been as long as the rest of her hair, but she had now cut it short. She also said that it was hereditary in her family, having occurred in two of her sisters and one brother, in her father and her grandfather, and that one of her sisters had four children similarly affected, all girls.—*Medical Times and Gazette.*

#### HOMEOPATHIC PRACTICE ILLUSTRATED.—

We clip the following precious morsel from the *United States Medical Investigator*, a

leading homeopathic journal published in Chicago. The orthography of the original is preserved:

"Dr. D. B. Tuttle, of Severance, Kansas, has not lost a case of dropsy. He has a great reputation in his section for curing dropsy. His treatment is first to mix jalap twenty grains, squilla twenty grains, and eleterium ten grains, into twenty pills. He gives one pill every four hours. The water usually starts in eight hours. Before seventy-two hours the water flows freely, and to prevent collapse he puts ten drops (arsenicum 1x trituration ten grains, and cinchona 1x) into half a glass of water, and gives a dose once in two hours. The eleterium is a great diuretic, and doubtless does the work here."

**FATAL HOOPING-COUGH.**—The *Medical Times and Gazette* says: The most fatal zymotic disease, both in London and the other twenty-seven great towns, still continues to be whooping-cough, which was credited last week with eighty-five deaths in the former, and fourteen deaths in the latter. That is to say, whooping-cough killed just fifty more children in London than it would have done if it had been no more fatal here than in the other large towns.

**ONE KIND OF MAPLE-SUGAR.**—It is said that the flavor of maple-syrup may be communicated to cane or glucose sirup by tincture of guaiacum deprived of its resin by precipitation in water. A great deal of the maple sugar and syrup now sold is said to be nearly pure glucose prepared in this way.—*Popular Science News.*

"Boss, has you got any ob dem confound contartic pills?" "Yes. Do you want plain or coated?" "Dunno. I want dem dat's whitewashed." He got 'em, and departed, feeling that there was a fine opening for him in the near future.

**DR. D. C. GAMBLE** has resigned the St. Louis editorship of the *Weekly Medical Review*, and is succeeded by Dr. Julius Wise, formerly editor of the *Mississippi Valley Medical Monthly*.

**SPIDER-SILK.**—French silk manufacturers are reported to be very hopeful as to the capabilities of a big spider lately discovered in Africa, which weaves a yellow web of great strength and elasticity.

**THE QUINOLOGIST** is no more.

## The Louisville Medical News.

Vol. XVII SATURDAY, MARCH 15, 1884. No. 11

L. P. YANDELL, M.D., - - - - - } Editors.  
H. A. COTTELL, M.D., - - - - - }

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### DOCTOR LUNSFORD P. YANDELL.

"We are such stuff

As dreams are made of, and our little life  
Is rounded with a sleep."

The senior editor of this journal died suddenly at his home, on the evening of the 12th instant.

Being ready for the press, the forms could be held only for this brief notice. The next issue will contain some fitting tribute to his memory, and a sketch of his useful, eventful, and beautiful life.

The following note, which was sent to the printer with the last revised proofs of the News, may point a moral here:

Please do not send the forms to press till I see you. Dr. Yandell wishes to fill the blank space on the editorial page with matter of a special kind.

The space is filled—but a notice of his death usurps the place which the editor had set apart for some special communication to his readers.

### LAY SUPERSTITION.

The school-master is abroad without doubt—though his influence seems to have made a partial failure in one direction; still in his behalf we confess to the belief that ignorance

alone, will not account for the credulity of the average layman on the subject of medicine, and on due consideration, justify the title written above by making the hand-maid of ignorance a chief factor in the case.

In view of the usual lack of confidence which the most conscientious and pains-taking practitioner is bound to encounter, the following examples of popular credulity are at least discouraging. Not in a back-woods village but in a city of twenty-five thousand inhabitants we stood, in full sight and hearing of an adventurer and his gathering crowd, which soon numbered not less than eight hundred white persons. The "doctor" was physically a fine specimen of humanity, apparently about twenty-eight years old, and was gotten up after the conventional border style. He harangued the crowd from an open carriage, attached to which were richly caparisoned horses—on the blanket of one, embroidered in gold lace, were the words "Texas Jack." It was supposed that the legend indicated the name of the horse, but while we were ransacking our sporting lore for the history of some flyer thus known we learned that it was intended to convey to the public the pet name of the "doctor."

The "doctor" soon displayed an Indian's scalp, and told in decent style a story of border war in which he figured as the scalp-taker and hero. He said that he had never been at school in his life (his language belied the statement), all that he had learned being from the open pages of Nature's book. In tender years, by occult aboriginal methods, he had been initiated into the knowledge of "the remedies of nature," and had become as familiar with the curative power of every root and herb as is the ordinary school-boy with the letters of the alphabet. He then produced a huge bottle of liquid and some glasses. After entering into the mysteries of its combination he recited the virtues of the mixture, and wound up with the astonishing statements that regular doses of this wonderful remedy had not only brought him to his present bloom of manhood without the personal experience of pain, except from

wounds, but had also prevented the sensation of weariness from following the exhausting labors of the chase and border warfare; and, moreover, that his case was paralleled by the experience of every member of the Indian tribe with which rested the secret of its production. The *aqua vite* was disposed of in gratuitous doses to the crowd, and the sale of small pressed packages containing the solid components of the sovereign balm began.

In just forty minutes by the clock from the appearance of the carriage, by actual count, we saw the "doctor" become the happy possessor of over fifty dollars, and though the novelty of the scene failed to hold us longer, the eagerness to purchase on the part of the crowd seemed unabated. We were subsequently informed that it took the "doctor" several evenings to extract the milk from this particular cocoa-nut which had grown so luxuriantly for him in the soil of our modern culture and civilization.

The next example is from the remarkable clientele of a quack who was popularly known as the "Old Bohemian Water Doctor." This man, already advanced in years, opened an elegantly furnished suite of rooms in a third-rate city, and used in his advertisements all the awe-inspiring phraseology of quackery. His method was to make his diagnosis from a superficial examination of the patient's urine. For nine years this charlatan, without once leaving his office to visit a patient, reaped the waiting harvest, and from his manner of life must have gathered in more money than many of our hardest worked and most successful city practitioners.

Upon his death his son, who was a graduate of a reputable school and had evidently a desire for better things, could not resist the temptation which the reward of fraud presented. Abandoning an attempt at legitimate practice in a neighboring city, he stepped into the old man's shoes, and with nearly if not quite equal success "carried on the business at the old stand," employing the same fraudulent methods.

These typical examples, from numberless

ones which might be cited, would serve as a text for a much more extended consideration of lay superstition than we here propose. In these instances something mysterious and *outré* in the character of the dispensers of the remedies was the moving cause of the reliance which the people placed in the transparently false claims made for them. It goes without saying that in no other field of science or business, save medicine, would these same people pay other than trained and experienced agents to attend to important interests for them.

Even in religion, where mystery and occult phenomena are supposed to be legitimately manifest, the great rewards and successes are, the world over, obtained by men scientifically trained in their calling. Why is it that in the domain of medicine the survival of superstition, or credulity akin to it, should be so notorious, seems to us a question both timely and pertinent.

It is undoubtedly true that the millions made by medical charlatans have, for mercenary ends, been used to debauch the popular intelligence in reference to disease and its treatment.

There is a vast volume of so-called medical literature, available to the common people, the manifest tendency of which is to encourage in the average mind a distrust of the profession, a morbid contemplation of pathological phenomena and an irrational confidence in some fortuitously discovered specific. To counteract this unhealthy influence very little is offered to the general public.

A little observation will discover to any one the fact, that in the press of the country, art, literature, law, religion, and politics, in fact every profession and business receive a frequent and thoughtful attention which is not in any comparable measure accorded to medicine; and after all the press must be regarded as the great source of popular education.

We have felicitous and brilliant writers to whom the columns of the press are undoubtedly open for varied legitimate effort

in the line of popular instruction upon subjects to which the science of medicine is related.

Here indeed is certainly a promising field for any writer who has the welfare of his fellows and the honor of his profession at heart; the systematic working of which would in time, by giving the popular mind just ideas and correct knowledge of subjects of universal interest, have a marked effect in counteracting the influence of the prurient flood of pseudo-medical literature with which, for mercenary ends, medical imposture has oppressed and debauched the popular intelligence.

### Bibliography.

On the Value of a Lotion of Sulphide of Zinc in the Treatment of Superficial Lupus in Erythematosus. By Louis A. Duhring, M.D. Reprint.

The Hip and its Diseases. By V. P. Gibney, A.M., M.D., Professor of Orthopedic Surgery in the New York Polyclinic; Assistant Surgeon to the Hospital for the Ruptured and Crippled, etc. New York: Bermingham & Co. 1884.

A Manual of Medical Jurisprudence, with Special Reference to the Nervous System. By Allan McLane Hamilton, M.D., one of the Consulting Physicians to the Insane Asylum of New York City, etc. With illustrations. New York: Bermingham & Co. 1883.

Excessive Venery, Masturbation, and Continence: the Etiology, Pathology, and Treatment of the Diseases resulting from Venereal Excesses, Masturbation, and Continence. By Joseph W. Howe, M.D., author of "Emergencies," "The Breath," "Winter Homes for Invalids," etc. New York: Bermingham & Co. 1884.

St. Petersburger Medicinische Wochenschrift. Unter der redaction von Dr. E. Moritz, in St. Petersburg, Prof. Ed. v. Wahl, in Dorpat, und Dr. L. v. Holst, in St. Petersburg. Neue Folge. 1st Jahrgang. St. Petersburg, 7th (19th) Januar, 1884. We are glad to welcome this excellent journal among our foreign exchanges. "*Im Kreise der guten ist wohl zu ruhen.*"

Hand-book of Eclampsia, or Notes and Cases of Puerperal Convulsions. Comprising all the cases which have occurred during the present century, within a radius of several miles around Avondale, Chester County, Pennsylvania, so far as can be ascertained. By E. Michener, M.D., J. H. Stubbs, M.D., E. Thompson, M.D., R. B. Ewing, M.D., and S. Stebbins, M.D. Philadelphia: F. A. Davis, Att'y, 1217 Filbert Street. 1883. Price (muslin), seventy-five cents.

Tenth Annual Report of the Superintendent of the Cincinnati Sanitarium, for the year ending November 30, 1883. Cincinnati. 1884.

This report is full and satisfactory in every particular. The following figures giving the total number of admissions, recoveries, deaths, and discharges from the opening of the Sanitarium till November, 1883, are a sufficient comment upon its management: Patients admitted: total, 827; Discharged: recovered, 322; improved, 307; unimproved, 89; died, 55; not insane, 2.

The Kansas City Medical Record, a Monthly Journal of Medicine and Surgery. Vol. 1, No. 2, February, 1884. A. L. Fulton, M.D., G. Halley, M.D., Editors and Proprietors.

This new candidate for professional favor is a quarto of forty-two pages, printed in double columns. It is imposing in appearance, and very interesting in contents. We believe that it will soon become one of the most influential medical periodicals in the West. Success to the new comer.

Condensed Statement of Mortality in the City of Nashville, Tenn., for the year 1883, accompanied by the Meteorological Observations, furnished for the same period from the office of the Signal Service, U.S.A. Published by order of the Board of Health. Richard Cheatham, M.D., Health Officer and Registrar.

According to this report the City of Nashville has a total white population of 32,000, and a colored population of 18,000. Of the whites 606 died during the year, of the negroes 569, total 1,175. The death-rate for the white population was 18.68 per thousand; for the colored 31.29, and for the whole 23.50. The disproportionately large death-rate of the latter to the former is a significant fact, and one which the colored sociologist should weigh



carefully in his estimate of the chances of his race for survival and future prosperity in this country. The birth returns are as follows: whites, 480, colored, 232. The health officer says that conclusions should not be drawn from the birth returns, since the repeal of the vital statistics act by the legislature has made it impossible to arrive at any thing like correct figures here. But if the number of colored births is even approximated by the above, it would take neither a prophet nor a mathematician to show that, without importation from the outside world, the colored population of Nashville would soon become extinct.

Among the acute diseases which have proved most generally fatal in Nashville are cholera infantum, typhoid fever, smallpox, and pneumonia. Consumption, as usual, leads the list, showing a figure of mortality from three to four times larger than that of any other disease.

The Proceedings of the Naval Medical Society. Vol. 1, No. 6. Washington: 1884. Judd & Detweiler, Printers.

*Contents:* Thirty years of Sanitary Progress in the Navy—Its present Needs; Dr. Albert L. Gihon, U.S.N. One Hour with Dr. Thomas Trotter, Physician to the Fleet; Dr. John N. Brown, U.S.N. Bacillus Tuberculosis; Dr. J. H. Kidder. A Case of Pyemia Supervening upon Hemorrhoids in a Syphilitic; Dr. Albert L. Gihon, U. S. N. This publication is an octavo of about fifty pages, done up in the finest style of the printing art. As might be expected from a publication coming from one of our national medical departments, its articles are of a high character. They are scientific in substance, well conceived and well written.

## Correspondence.

### PARIS LETTER.

*Editors Louisville Medical News:*

Dr. Decaisne lately made a very important communication at the Society of Public Medicine, on the use and abuse of tobacco. He dwelt particularly on the pernicious influence of the weed among youths, and after discoursing on its toxic effects he gives the following conclusions from eighty cases which he observed closely: (1) The pernicious effects of tobacco-smoking on youths are incontestable. (2) The use of tobacco even to a limited extent in youthful life brings

on intermittence of the pulse, alteration of the blood, and symptoms more or less marked of chloro-anemia. (3) Youths that smoke are generally weak in intelligence, and they acquire a taste for strong drinks. (4) The ordinary treatment of chloro anemia generally produces no effect as long as the tobacco is indulged in. (5) In youths that cease to smoke and are not affected with any organic lesion, the disorders characteristic of chloro-anemia disappear altogether.

Dr. Rochard, the well-known academician, responding to Dr. Decaisne's diatribe on tobacco, stated that, without having any intention of setting himself up as an apologist for the use of tobacco, he thought that those who used the weed were greatly maligned, and that Dr. Decaisne, like most philanthropists, has, in wishing to do good, defeated his object by taking an exaggerated view of his cause. The accusations brought against tobacco are more or less untenable, and Dr. Rochard, after endeavoring to refute Dr. Decaisne's arguments, summarizes his own experience as follows: The use of tobacco, even when prolonged, is perfectly compatible with the highest degree of the intellectual faculties, and even becomes a necessity for those who have contracted the habit. "The habit of smoking or otherwise using tobacco is not of recent date, and people have had ample time to judge of the effects of the weed on the generations that preceded us. Among the nations that surround us, there are some that consume a great deal more tobacco than we do; instances may be cited where people smoke from morning to night, and yet we are obliged to acknowledge that this did not prevent their extension, nor did it in any way interfere with their progress in science nor with the growth of their power. Tobacco has a great many real faults without imputing others to it. I need not detail them all, but among the grievances brought against tobacco is that it affects the memory, and this charge is frequently advanced by old smokers; but I may ask whether the amnesia with which they are affected, and which they put down to the pipe, is not the result of old age." Dr. Rochard, however, believes that tobacco-smoking may lead to angina pectoris, and this occurs particularly among smokers of cigarettes, who smoke them almost incessantly and breathe in the fumes.

Doctor Galezonski, a well-known oculist, lately gave a clinical lecture on the effects of the abuse of tobacco on the eye. He stated

that the ocular symptoms of poisoning by nicotine were manifested by myosis and other ocular disorders consisting principally of double amblyopia with chromatic scotoma and chromopsia. The lecturer, however, announced that these and other affections of the eye resulting from the use of tobacco are extremely rare, and when they do occur in such circumstances they are generally the result of the abuse of alcoholic liquors super-added to that of tobacco. These disorders are, however, generally speaking, easily curable, on the patient giving up the habit of smoking, and they should also avoid cafes and clubs or any room where the air is vitiated by the fumes of tobacco which would affect them as much as if they were smoking themselves.

A celebrated author writing on the same subject, and himself an inveterate smoker, remarks that nicotine enters into the animal economy in such small quantities that it is superfluous to notice it, and adds that smokers burn it with the tobacco. Some snuff it, others chew it, but nobody dies from nicotine.

Up till lately, the arrangements for affording succor to the drowned in Paris have been very defective, but through the initiative of Dr. Voisin, physician to the Salpêtrière Asylum, and by order of the Prefecture of Police a certain number of pavilions have been erected along the banks of the Seine, which are provided with all the requisites for restoring the drowned, with full instructions posted up in each pavilion. These pavilions have been availed of for the last eight or ten years, and in order to give an idea of their great utility, Dr. Voisin reports that, of ninety-one cases treated in three pavilions from 1875 to 1877, there were only four deaths. The four persons remained under water from seven to thirty-five minutes. Among those restored to life, thirteen remained under water from five to twenty minutes. From 1878 to the end of 1880, there were two hundred and seventy-six cases treated in five pavilions. Of this number there were only fifteen deaths. There are now eight pavilions in which, in 1881, one hundred and sixty cases were treated, in which there were only four deaths; and among those that were saved several had been more than five minutes under water. Dr. Voisin adds that these examples are sufficient to show the progress that has been made since the establishment of these pavilions. Formerly there were scarcely any saved that had been under water more

than three minutes, whereas now it may be reckoned with almost absolute certainty that those who have been five minutes under water can be saved, and there have been cases extending even to twenty minutes that have been rescued from imminent death.

In a thesis lately submitted by Dr. Rigaud for the Doctorate of the Faculty of Paris, the author treated of the diagnostic value of pains in the sides of the chest, which he said were almost pathognomonic of pulmonary phthisis even in its incipient stage. Dr. Rigaud attributes the pain to intercostal neuritis, which develops itself by propagation. In the third stage of tuberculosis, the deep parts of the thoracic walls may participate in the inflammation caused by the presence of a superficial cavity. This process of ulceration is accompanied by pain in the corresponding region of the chest which is aggravated by the respiratory movements. Dr. Rigaud has succeeded in relieving these pains by the application of a thick coating of collodion, which he explains by the walls of the chest being rendered motionless.

The *Union Médicale* reproduces an article from an Italian journal on the alteration of the blood in malarial infection, which, according to the authors, Prof. Marchiafava and Dr. Celli, of Rome, consists, during paroxysms of fever, of corpuscles which are stained by methylene blue, and which in their primitive form resemble micrococci so much as to be confounded with them. The same authors have also observed that the formation of pigment in melanemia is the result of the conversion of hémoglobin into melanine as soon as the corpuscles, referred to above, make their appearance. This alteration may therefore be considered a certain criterion in the diagnosis of certain forms of fever of a doubtful character.

The "prix Corvisart" of the Faculty of Medicine of Paris, for 1883, was awarded to M. Jules Para, an externe, for his thesis on Ascites. The subject proposed for the present year for the same prize is Icterus. The candidates should send in their theses to the Secretary's office of the Faculty before the 1st of December next.

A panorama of prehistoric subjects, painted by Castellany, is to be opened on the 15th of March, at the Jardin d'Acclimatation, along side the ethnographical exhibition, where are to be seen specimens of different animals of the antediluvian world.

PARIS, February 15, 1884.

## GREAT FECONDITY.

*Editors Louisville Medical News:*

Mrs. M., Irish, aged thirty-two, ten years married, and living in this city, gave birth to three well-developed male children on the 24th day of November last. The only remarkable feature of this case (aside from fetal multiplicity) was that each child was born by breech presentation, there being an interval of about thirty minutes between the births. The infants, at this date, are in perfect health and have grown rapidly. Mrs. M. had had six children at full term previous to the birth of the triplets, and on the 27th day of January, 1883, had a miscarriage of a two months' fetus. Thus she has had nine full term children and one miscarriage in ten years!

R. B. GILBERT,

*Demonstrator of Anatomy, University of Louisville.*  
March 6, 1884.

*Editors Louisville Medical News:*

The Jackson County (Ind.) Medical Society met at Brownstown, March 6th, and elected the following officers for the ensuing year: M. L. Boas, M.D., President, J. T. Shields, M.D., Vice-President, N. N. Shipman, M.D., Secretary and Treasurer. Delegates to the National and State Medical Societies were then elected; after which the following case reports were offered and discussed. (These reports and discussions will appear in the News.)

"A Case of Retention of Urine, due to Prostatic Abscess resulting from Gonorrhea." By T. S. Galbraith, M.D., Seymour.

"A Case of Gonorrheal Prostatic Abscess resulting in Perineal Fistula and Death." By D. J. Cummings, M.D., Houston.

"A Case of Acute Epilepsy, due to Uterine Irritation." By L. S. Oppenheimer, M.D., Seymour.

L. S. O.

SEYMOUR, IND., March 7, 1884.

## Selections.

OBSERVATIONS ON PUERPERAL TEMPERATURES.—Mr. E. S. Tait, M.B., before the London Obstetrical Society, January 9th, read a paper on this subject, of which the Times and Gazette gives the following summary:

The patients observed were in the General Lying-in Hospital: sixty were primiparæ

and sixty-five multiparæ. The day after delivery on which the highest temperature most often occurred was the third, then the fourth, then the second. In twenty-five cases the highest temperature occurred in the second week, often from nervous causes. Lacerations of the perineum did not appear to affect the day of highest temperature. Mechanical interference during labor did not seem to affect the result. The average temperature was lower in those cases in which there was no tear than in those in which deep lacerations had occurred. In primiparæ the temperature appeared to be raised by labial tears, deep perineal tears, and the use of forceps; but in multiparæ no such effect could be traced. Slight perineal tears seemed to scarcely affect the temperature. The introduction of the carbolyzed hand into the uterus during the third stage did not affect the average temperature. In six cases there were urticarious or erythematous rashes, which did not affect the temperature. The temperature was highest in the latter part of the day, lowest in the early morning. When the 10 P.M. temperature was higher than that at 6 P.M., there was often inflammation present. The temperature frequently rose without any physical cause to account for it; and in such cases it was often found that something had happened to disturb the patient's nervous system, such as fright, bad news. Accounts were given of instances of such "nervous temperatures," as they might be called.

Dr. Routh said, that in disease the temperature might be as much as three degrees hotter in the vagina than in the axilla. Unless, therefore, the temperature, in the puerperal state, were taken in each part, error might follow.

Dr. John Williams thought that Mr. Tait had established two facts: that high temperatures were more common when the perineum had been deeply torn, and that high temperatures were associated with nervous conditions during the puerperal state. It was frequently said that tears of the cervix were causes of fever; he (Dr. Williams) thought they were rarely so. The relation of fever to fetid discharge was important; in many cases the fetor came on after the fever and not before it, and might therefore be inferred to be its result and not its cause.

CURRY-POWDER.—We believe that a really good curry-powder (like Crosse and Black-

well's, for instance,) is not only piquant and appetizing, but a wholesome aid to digestion. (Popular Science News.) Of course it is easy to make a cheap imitation of the genuine condiment, which is "hot in the mouth," but has no other merit. The fine flavor and aroma that a connoisseur recognizes in a good article depends upon a proper selection of materials, and the care with which they have been dried before being powdered. The famous 'curry-powder of good old Dr. Kitchener (whose name seems to have been prophetic of his culinary renown) is undoubtedly the best that has been made outside of India. A London exchange says of it:

The flavor of this powder approximates to the Indian powder so exactly, that the best judges have pronounced it a perfect copy of the original *curry stuff*. The following remark was sent to the doctor by an East-Indian friend, "The ingredients which you have selected to form the curry-powder are the same as used in India, with this difference only, that some of them are in a raw green state, and are mashed together, and afterward dried, powdered, and sifted." The common fault of curry-powder is the too great proportion of *cayenne* to the milder aromatics (from which its agreeable flavor is derived) preventing a sufficient quantity of the curry-powder being used. Coriander-seed powder, three ounces; turmeric, three ounces; black pepper, one ounce; mustard, one ounce; ginger, one ounce; allspice, one half ounce; lesser cardamoms powder, one half ounce; cumin-seed powder, one fourth ounce: to be thoroughly mixed together, and kept in a well-stoppered bottle. Those who prefer a hot curry will find the following to give satisfactory results: coriander-seed powder, one and one half pounds; cumin-seed powder, one half pound; turmeric, one pound; ginger-powder, two ounces; mustard, one ounce; fenugreek-powder, one ounce; cayenne, one and one half ounces: mix well, and keep in closed bottles.

Curry-powder is not only useful in the regular "curried" dishes that are duly catalogued in the cook-books, but it will be found a grateful addition to macaroni, whether plain or prepared with cheese. It is, perhaps, better to add it at table, rather than in cooking the dish, as it may not suit all tastes, and some persons like more of it than others do.

Macaroni, by the by, is a cheap and nutritious food that is not so generally known and appreciated as it should be, at least in many parts of New England; and the curry-

powder will make it more acceptable to those who complain that it is comparatively flat and insipid.

**THE MODE OF PRODUCTION OF THE TENDON REFLEX.**—From the Medical Times we extract this: Jendrassik has made a number of experimental studies of the various conditions which are necessary for the presence or absence of tendon reflexes, particularly for the patellar reflex. The following conclusions express the most important of his results (*Centrab. fur die Med. Wissen*, No. 49, 1883):

1. The "knee phenomenon" is a true reflex action, brought about by the mechanical irritation of the nerves situated in the patellar tendon. It is not necessary that the stimulus should be applied at the junction of muscle and tendon; stimulation of the part of the tendon lying farthest from the muscle is equally efficacious.

2. For the production of the reflex muscular contraction it is necessary that the muscle be passively extended; to a certain degree the contraction of the muscle is proportional to the stretching to which it is subjected.

3. Voluntary innervation of the crural nerve diminishes the patellar reflex, or may prevent its appearance altogether. Contraction of the muscles innervated by the sciatic nerve, however, instead of preventing, rather favors the development of the patellar reflex.

4. The path of the reflexes lies, in the spinal cord, only in the gray matter. Lesion of the white columns can not directly be a cause of the absence of the reflex.

5. Physiological increase of the tendon reflex is also produced by contraction of the other body-muscles; thus, simultaneous lifting of weights, or strong stretching of muscles, increases the reflex.

6. In the majority of cases pathological increase of the patellar reflex may be regarded as the result of an interruption of the conduction of inhibitory impulses from the brain to the spinal cord.

7. The author does not regard the "foot phenomenon" as a reflex, but rather as a tonic contraction, directly produced through the mechanical stimulus given in the sudden stretching of the soleus; the irritability of the muscle must therefore be increased.

In five instances severe stretching of the crural nerve in rabbits left the patellar reflex unaltered.



## SCARLATINAL DESQUAMATIVE NEPHRITIS.

A writer to a medical paper recently advocated "bleeding" to the amount of several ounces. Now, although this may be successful, yet I can not but regard it as heroic and as unnecessarily severe. The following is the course of treatment I have adopted for many years past, and as I find this treatment very successful, I am quite content to follow closely this line of practice.

The following case, with its management, will indicate the method I pursue: I was called recently to a little girl, about seven years of age, in severe convulsions. By a few questions, and by ocularly examining the urine, I discovered the child had recently suffered from a mild attack of scarlet fever. I ordered four leeches to be applied to the temples, two on each temple. In this only two leeches bit, but these were thoroughly good ones. My directions are, after the leeches have fallen off, to apply one hot poultice, and then stop the bleeding. The medicine consisted of a good purge each day by powdered jalap and a mixture of solution of acetate of ammonia and tincture of steel. I ordered a hot bath each morning for several mornings in order to get good action of the skin. The child made a rapid and good recovery, and I should say the convulsions ceased immediately on the abstraction of blood by the leeches. The urine at first contained one third albumen, and three days after nearly the normal quantity had been secreted, and only a trace of albumen could be detected.—*William V. Lyle, M.D., in Lancet.*

**BLISTER FOR COUGH.**—Prof. James Tyson, M.D., of the University of Pennsylvania, in the *Medical Times*, says: The very best cough medicine, and often the only one which will accomplish the result, is a blister. We have now in our wards a case of consumption in which the cough was most troublesome for six or eight weeks, and cough medicines of all kinds had failed; but in twenty-four hours the symptom was relieved by a blister.

[Better than the blister, is this:

R Morph. acetat., . . . . . gr. iij;

Acidi hydrocy. dil., . . . . . ʒj;

Syr. tolu., . . . . . ʒij.

M. Ft. sol. S. A teaspoonful as often as cough demands.

The medicine should be kept in a dark bottle well stoppered. Some cases will require more and some less morphia and prussic acid, but this is a most benign remedy. The

blister and croton oil are well for pain, but should be a last resort for cough. Where mucous secretion is deficient, iodide of potassium is the remedy. Where strength to raise the sputa is deficient, ammonia, alcohol, and coffee are the remedies.]

**TOXIC ACTION OF COPPER.**—It seems to grow more and more doubtful whether copper can be reckoned among the poisonous metals. Of course in large quantities it is noxious; but this is true of alcohol and of many other compounds which can not fairly be considered as poisonous. The latest experiments tend to indicate that at any rate copper is not a cumulative poison, like lead. MM. Houles and De Pietra Santa, in a recent communication addressed to the Académie des Sciences of Paris, report that they have been unable to discover any injurious action on the health of the workmen engaged in the copper industry, and have come to the conclusion that the so-called "*colique de cuivre*," asserted in the eighteenth century to be a definite disease, does not exist.—*Lancet.*

## CIMICIFUGA IN EPILEPTIFORM NIGHTMARE.

Dr. Ed. M. Small, of Eastport, Me., sends us the report of a case occurring in his practice almost identical with one published recently in these columns in the report of Professor H. C. Wood's clinic. (*Medical Times*.) The disease was epileptiform nightmare, and it was cured in Dr. Small's case by half a teaspoonful of powdered cimicifuga racemosa being administered at bedtime. The paroxysms at once ceased, and there had been no return in a lengthy period of observation. He also was ordered to partake of only a light supper each night, and to avoid excitement as much as possible.

**HEMATO-SALPINX.**—Mr. Knowsley Thornton, before the London Obstetrical Society, January 9th, showed the ovaries and tubes removed from a married lady, aged twenty-nine. She had suffered from repeated hemorrhages, which followed a severe emotional shock; the tumors were discovered to the left and right of the uterus. These were removed, and proved to be the tubes, full of tar-like blood and firmly adherent. There was also an ovarian cyst with commencing papillomatous growth. After removal of the diseased parts, the discharge gradually ceased, and the patient did well. Mr. Thornton thought the case either one

of tubal pregnancy, or of hemorrhage the result of emotional shock, the blood being prevented from escaping.

**CHLOROFORM ASTIGMATISM.**—M. Dubois has made an interesting communication to the Société de Biologie on the action of chloroform on the nutritive media of the eyeball and on the mammary gland. On examining the fundus of dogs narcotized with chloroform, he found its characters unusually difficult, and at times impossible to distinguish. He observed also shadows upon it which seemed to be produced by a particular alteration of the cornea. Irregular astigmatism was present, and was pronounced. By washing the ocular surface he proved that these appearances did not depend on mucous flakes in front of the cornea. Similar and very marked astigmatism was observed in a man while under chloroform. This abnormality was found to disappear when sensibility returned. Diminution of refraction was particularly noted in one of the dogs. The tension of the globe was in these various cases also lowered. A comparative observation on the mammae of a bitch appears to throw some light on the ocular phenomena. The breasts, which were turgid with milk at the commencement of the anesthesia, became flaccid and comparatively empty when the animal was fairly comatose. It may be suggested in accordance with these experiments that the peculiarities of refraction above detailed, like the alteration in the breast, are due to relief of tension in the fluid constituents of the organ affected, a condition which may easily occur during chloroform administration if the heart's action continue vigorous, seeing that every vascular channel then undergoes relaxation of its muscular fiber and consequent dilatation, and the escape of its contents is proportionally facilitated.

**PEPTONES IN THE URINE.**—This subject has recently received considerable attention from the profession, and some observers have supposed that their presence in the urine was of special clinical importance, as indicating a morbid state analogous to, or possibly an early stage of granular contracted kidney. The elaborate investigation of Dr. R. W. Jaksch has, however, tended to discredit this view. This careful observer has found that peptones appeared in the urine with great frequency in cases where there was a considerable amount of suppuration from whatever cause, or

where there was a large amount of exudation; thus, he found it in every one of twenty cases of phthisis with purulent expectoration, and of five cases of epidemic cerebro-spinal meningitis, and twelve cases of acute rheumatism, as well as in twenty-four out of twenty-nine cases of croupous pneumonia. He believes that the peptonuria is due to the re-absorption of the inflammatory products, and does not depend in any way on the condition of the kidneys.

**IS CHARCOT'S JOINT DISEASE A MYTH?**—A serious attack was made at the meeting of the Pathological Society, on Tuesday last, on the essential nature of Charcot's joint disease, Mr. Arbuthnot Lane contending, in a carefully-written paper, that the changes found in that affection do not differ in any essential particular from those of rheumatoid arthritis, and denying that there were any distinctive features by which the two diseases could be separated. Many of the speakers who followed showed more or less inclination to accept his views; but we think, with some of the speakers, that due importance should be given to the clinical features of the two affections in endeavoring to decide the question of identity or non-identity. If the joint affection be rheumatic, the lightning pains will have to follow suit and be admitted to be only a coincidence, whereby we should be deprived of what at present is justly regarded as a valuable diagnostic symptom.—*Medical Times and Gazette.*

THE number of professors at the German Universities is so great, and the reverence of the students so enthusiastic, that the celebration of some form of jubilee or another is a never-ending occurrence. That of Professor Du Bois-Reymond has only just finished, amid great enthusiasm, and now preparations are being made to commemorate the fact that just twenty-five years have elapsed since the renowned clinical teacher, Professor Frerichs, accepted the call from Breslau to Berlin.—*Med. Times and Gazette.*

**PEROSMIC ACID** is a new remedy employed by Professor Winiwarter in cancerous and scrofulous swellings. It is used by injecting daily three drops of a one-per-cent solution of the acid; which treatment causes the tumor to soften, it is said, and to decrease in size: the dead tissue is thrown off, and disappears in about a month. No curative effects upon cancer itself have been observed from this remedy.